

## **BUSINESS TAX DIVISION**

## OFFICE OF THE TREASURER & TAX COLLECTOR CITY AND COUNTY OF SAN FRANCISCO

Street Address: 1 Dr. Carlton B. Goodlett Place, Room 140, San Francisco, CA 94102 Mailing Address: P.O. Box 7425, San Francisco, CA 94120-7425

SUSAN LEAL Tressurer GEORGE PUTRIS
Tax Administrator

## TYPE "A" EXEMPTION CERTIFICATE HOTEL / MOTEL TRANSIENT OCCUPANCY TAX FEDERAL, STATE OF CALIFORNIA, OR LOCAL GOVERNMENT AGENCIES

(Name of Hote	el or Motel)	
DDDDCC.		
ADDRESS: (Number & Street)	(City)	(Zip)
This is to certify that I, the undersigned, am a California Government Agency indicated belestablishment on the dates set forth below has or by me, by use of an approved government check and that such charges are incurred in the following such government agency.	low; that the charges for the eye been, or will be paid for credit card or government	he occupancy at the above or by the applicable agency at check, or by my personal
EMPLOYEE'S NAME:		
EMPLOYEE'S ADDRESS:		
EMPLOYEE'S TELEPHONE #: (	)	
COMPANY / PERSONAL CREDIT CARD	CARD NUMBER	EXPIRATION DATE
MASTER CARD		
DATES OF OCCUPANCY:	AM	MOUNT PAID: \$
AGENCY: FEDERAL AGENCYSTATE OF	F CALIFORNIA AGENCY_	LOCAL AGENCY
NAME OF AGENCY:	TEL	., #: <u>( )</u>
I HEREBY DECLARE UNDER PENALTY OF I TRUE AND CORRECT:		
Executed at:	(City), Californi	2
Signature:	<b>-</b> .	
organization.		
TO BE COMPLETED BY  (Attach any of the following: Government Age  I hereby certify that the attached item press	ncy calling card/Agency Lette	er/Agency identification card
Print Hotel Employee's Name	lotel Employee's Signature	Date